## Case 18-07871 Doc 1 Filed 03/19/18 Entered 03/19/18 13:35:17 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ■ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself  |  |   |   |
|-----|---|--|---|---|
|     |   | About Debtor 1:                          | A | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |   |
|     | Write the name that is on   | Lisa                                     |   |   |
|     | your government-issued picture identification (for example, your driver's   | First name                               | F | rirst name                                    |
|     | license or passport).   | Middle name                              |   | Middle name                                   |
|     | Bring your picture  | Hawthorne                                |   |   |
|     | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | L | ast name and Suffix (Sr., Jr., II, III)       |
| 2.  | All other names you have  | ·  |   |   |
|     | used in the last 8 years  |  |   |   |
|     | Include your married or maiden names.   |  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1023                              |   |   |

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Case number (if known)

Debtor 1 Lisa Hawthorne

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
|    |   | About Deptor 1.   | About Debtor 2 (Spouse Only in a Joint Case).  |
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 15425 Lexington Ave   | If Debtor 2 lives at a different address:  |
|    |   | Harvey, IL 60426  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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Debtor 1 Lisa Hawthorne

Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number District When Case number When Case number District

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

■ No

☐ Yes.

Debtor Relationship to you

District When Case number, if known

Debtor Relationship to you

District When Case number, if known

11. Do you rent your residence?

☐ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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| Debtor 1 | Lisa Hawthorne                           | Document        | Page 4 of 61 Case number (if known) |  |
|----------|--|-----------------|-------------------------------------|--|
| David 2. | Papart About Any Rusinesses Vou Own as a | Sala Dramviator |                                     |  |

| Part | 3: Report About Any Bu  | sinesses               | You Own          | as a Sole Proprieto                           | tor  |
|------|---|------------------------|------------------|---|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to            | Part 4.                                       |  |
|      |   | ☐ Yes.                 | Name             | and location of busi                          | siness   |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name             | of business, if any                           |  |
|      | If you have more than one sole proprietorship, use a  |                        | Numb             | er, Street, City, State                       | te & ZIP Code  |
|      | separate sheet and attach it to this petition.  |                        | Check            | the appropriate box                           | ox to describe your business:  |
|      | ·   |                        |                  | Health Care Busin                             | ness (as defined in 11 U.S.C. § 101(27A))  |
|      |   |                        |                  | Single Asset Real                             | Estate (as defined in 11 U.S.C. § 101(51B))  |
|      |   |                        |                  | Stockbroker (as de                            | defined in 11 U.S.C. § 101(53A))   |
|      |   |                        |                  | Commodity Broker                              | er (as defined in 11 U.S.C. § 101(6))  |
|      |   |                        |                  | None of the above                             | e  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | s. If you in     | dicate that you are a<br>ow statement, and fe | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|      | For a definition of small   | No.                    | I am n           | ot filing under Chapt                         | pter 11.   |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am fi<br>Code. |   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|      |   | ☐ Yes.                 | l am fi          | ling under Chapter 1                          | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Part | 4: Report if You Own or   | Have Any               | Hazardo          | us Property or Any                            | y Property That Needs Immediate Attention  |
| 14.  | Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and  | ■ No. □ Yes.           | What is t        | he hazard?                                    |  |
|      | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                        |                  | iate attention is why is it needed?           |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is         | the property?                                 |  |
|      |   |                        |                  |   | Number, Street, City, State & Zip Code   |

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Debtor 1 Lisa Hawthorne

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Lisa Hawthorne   |                        | Docum                          |  | mber (if known)   |
|------|--|------------------------|--------------------------------|--|---|
| Part | 6: Answer These Quest  | ions for Re            | porting Purposes               |  |   |
| 16.  | What kind of debts do you have?                                |                        |                                | consumer debts? Consumer debts are sonal, family, or household purpose."             | defined in 11 U.S.C. § 101(8) as "incurred by an  |
|      |  |                        | ☐ No. Go to line 16b.          |  |   |
|      |  |                        | Yes. Go to line 17.            |  |   |
|      |  |                        |                                | <b>Pusiness debts?</b> Business debts are de estment or through the operation of the |   |
|      |  |                        | ☐ No. Go to line 16c.          |  |   |
|      |  |                        | ☐ Yes. Go to line 17.          |  |   |
|      |  | 16c.                   | State the type of debts you    | owe that are not consumer debts or busi  | iness debts   |
| 17.  | Are you filing under<br>Chapter 7?                             | ■ No.                  | I am not filing under Chapte   | r 7. Go to line 18.  |   |
|      | Do you estimate that after any exempt property is excluded and |                        | are paid that funds will be av | Do you estimate that after any exempt powerlable to distribute to unsecured credit   | property is excluded and administrative expenses ors?   |
|      | administrative expenses are paid that funds will               |                        | □ No                           |  |   |
|      | be available for<br>distribution to unsecured<br>creditors?    |                        | ☐ Yes                          |  |   |
| 18.  | How many Creditors do  | <b>1</b> -49           |                                | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000  |
|      | you estimate that you owe?                                     | □ 50-99                |                                | <b>5001-10,000</b>   | <b>5</b> 0,001-100,000  |
|      | Onc.   | <u> </u>               |                                | □ 10,001-25,000  | ☐ More than100,000  |
|      |  | □ 200-99               | 9                              |  |   |
| 19.  | How much do you  | <b>\$0 - \$5</b>       | 50,000                         | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|      | estimate your assets to be worth?                              |                        | 1 - \$100,000                  | □ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion  |
|      | 20 11011111  |                        | 01 - \$500,000                 | \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion   |
|      |  | <b>□</b> \$500,0       | 01 - \$1 million               | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| 20.  | How much do you  | □ \$0 - \$5            | 50,000                         | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|      | estimate your liabilities to be?                               | \$50,00                | 01 - \$100,000                 | ☐ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |
|      | 10 50 .  | □ \$100,0              | 01 - \$500,000                 | □ \$50,000,001 - \$100 million   | \$10,000,000,001 - \$50 billion   |
|      |  | □ \$500,0              | 01 - \$1 million               | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| Part | 7: Sign Below  |                        |                                |  |   |
| For  | you  | I have exa             | amined this petition, and I de | clare under penalty of perjury that the in   | formation provided is true and correct.   |
|      |  |                        |                                | 7, I am aware that I may proceed, if eligi relief available under each chapter, and  | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.          |
|      |  | document               | , I have obtained and read the | not pay or agree to pay someone who is<br>ne notice required by 11 U.S.C. § 342(b)   |   |
|      |  | I request i            | relief in accordance with the  | chapter of title 11, United States Code,   | specified in this petition.   |
|      |  | bankrupto<br>and 3571. | y case can result in fines up  |  | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|      |  | /s/ Lisa l             | Hawthorne<br>wthorne           | Signature of De  | ebtor 2   |
|      |  |                        | of Debtor 1                    | Oignature of De  |   |
|      |  | Executed               | on March 19, 2018              | Executed on  |   |
|      |  |                        | MM / DD / YYYY                 |  | MM / DD / YYYY  |
|      |  |                        |                                |  |   |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David Ga       | ıllagher             | Date          | March 19, 2018            |
|--------------------|----------------------|---------------|---------------------------|
| Signature of A     | ttorney for Debtor   |               | MM / DD / YYYY            |
|                    |                      |               |                           |
| David Galla        | gher                 |               |                           |
| Printed name       |                      |               |                           |
| <b>Upright Law</b> | LLC                  |               |                           |
| Firm name          |                      |               |                           |
| 79 West Mo         | nroe                 |               |                           |
| Fifith Floor       |                      |               |                           |
| Chicago, IL        | 60603                |               |                           |
|                    | ty, State & ZIP Code |               |                           |
| Contact phone      | 312-546-4264         | Email address | dgallagher@uprightlaw.com |
| 6295024 IL         |                      |               |                           |
| Bar number & State | Δ                    |               |                           |

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|                    |                          | DUCUIII           | ent Paue o ul ul |   |                                      |
|--------------------|--------------------------|-------------------|------------------|---|--------------------------------------|
| Fill in this infor | mation to identify your  | case:             |                  |   |                                      |
| Debtor 1           | Lisa Hawthorne           |                   |                  |   |                                      |
|                    | First Name               | Middle Name       | Last Name        |   |                                      |
| Debtor 2           |                          |                   |                  |   |                                      |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |   |                                      |
| United States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |   |                                      |
| Case number        |                          |                   |                  |   |                                      |
| if known)          |                          |                   |                  | - | Check if this is an<br>mended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets  |              |                         |
|-----|---|--------------|-------------------------|
|     |   | Your as      | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 18,070.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 18,070.00               |
| Pai | t 2: Summarize Your Liabilities   |              |                         |
|     |   |              | abilities<br>t you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$           | 20,506.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 69,476.00               |
|     | Your total liabilities  | \$           | 89,982.00               |
| Pai | t 3: Summarize Your Income and Expenses   |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 1,770.01                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,280.00                |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records  |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ur other sch | nedules.                |
| 7.  | ■ Yes What kind of debt do you have?  |              |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$  | 2,252.30 |
|----|--|-----|----------|
|    |  | 1 - |          |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tota | al claim  |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |      |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 53,979.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 53,979.00 |

Case 18-07871 Doc 1 Filed 03/19/18 Entered 03/19/18 13:35:17 Desc Main Document Page 10 of 61 Fill in this information to identify your case and this filing: Debtor 1 Lisa Hawthorne First Name Middle Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Hyundai Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Elantra Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2015 Debtor 2 only Current value of the Current value of the 60.000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another Value According to NADA \$14,250.00 \$14,250.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$14,250.00 pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Case 18-07871 Filed 03/19/18 Entered 03/19/18 13:35:17 Document Page 11 of 61 Debtor 1 Case number (if known) Lisa Hawthorne Yes. Describe..... Household Goods and Furnishings \$1,900.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... \$400.00 **Used Electronics** 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$400.00 **Necessary Wearing Apparel** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$125.00 Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,825.00 for Part 3. Write that number here .....

Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

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Case number (if known)

claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash on hand at time of \$0.00 filing 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Great Lakes Credit Union Bank Account** \$90.00 Checking **Great Lakes Credit Union Bank Account** 17.2. Savings \$5.00 **Educator's Credit Union Bank Account** \$0.00 Checking **Negative Balance Educator's Credit Union Bank Account** \$0.00 Savings **Negative Balance Landmark Credit Union Bank Account** \$0.00 Savings 17.5. **Negative Balance Landmark Credit Union Bank Account** \$0.00 Checking 17.6. **Negative Balance** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account:

Debtor 1

Lisa Hawthorne

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Case number (if known)

Document Debtor 1 Lisa Hawthorne

|    |   | 401(k)   | MetLife                    |   | \$900.0   |
|----|---|--|----------------------------|---|---|
| 22 | Examples: Agreeme   | ised deposits you have m   |                            | inue service or use from a compan<br>tric, gas, water), telecommunication |   |
|    | ■ No □ Yes  |  | Institution na             | ame or individual:  |   |
| 23 | ■ No  |  | , , ,                      | life or for a number of years)  |   |
| 24 |   |  | in a qualified ABLE pro    | gram, or under a qualified state t  | tuition program.  |
|    | 26 U.S.C. §§ 530(b)(1<br>■ No<br>□ Yes                            | ), 529A(b), and 529(b)(1)  |                            | e records of any interests.11 U.S.C                                       | : 8 521(c)·   |
| 25 | Trusts, equitable or  |  |                            |   | owers exercisable for your benefit  |
|    | ■ No □ Yes. Give specific   | information about them   |                            |   |   |
| 26 | Examples: Internet d  | trademarks, trade secretomain names, websites, properties of the secretomain names, websites, properties of the secretomation about the secretomation about the secretomation about the secretomation are secretomatically trademarks, trade secretomatically secretomatical secretom |                            |   |   |
| 27 | Examples: Building p  No  | s, and other general into<br>permits, exclusive licenses<br>information about them   |                            | n holdings, liquor licenses, professio                                    | onal licenses   |
| M  | oney or property owe  | d to you?  |                            |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | Tax refunds owed to ■ No □ Yes. Give specific i                   |  | cluding whether you alrea  | ady filed the returns and the tax yea                                     | ars   |
| 29 | Family support Examples: Past due ■ No □ Yes. Give specific i     |  | ousal support, child suppo | ort, maintenance, divorce settlemen                                       | t, property settlement  |
| 30 | benefits;   | ages, disability insurance<br>unpaid loans you made to   |                            | efits, sick pay, vacation pay, worke                                      | ers' compensation, Social Security  |
| 31 | ☐ Yes. Give specific  Interests in insurance Examples: Health, di | ce policies  | health savings account (F  | HSA); credit, homeowner's, or rente                                       | er's insurance  |
|    | ■ No<br>□ Yes. Name the insu                                      | urance company of each p<br>Company name:  | policy and list its value. | Beneficiary:  | Surrender or refund value:  |

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Case number (if known)

Any interest in property that is due you from someone who has died

| •               | Any interest in property that is due you from someone who has d If you are the beneficiary of a living trust, expect proceeds from a life someone has died. No Yes. Give specific information                             |                          | are currently entitled to rec | eive property because   |
|-----------------|---|--------------------------|-------------------------------|-------------------------|
| 33.             | Claims against third parties, whether or not you have filed a laws Examples: Accidents, employment disputes, insurance claims, or righ No  Yes. Describe each claim   |                          | and for payment               |                         |
| •               | Other contingent and unliquidated claims of every nature, includi  No Yes. Describe each claim  | ng counterclaims o       | of the debtor and rights to   | o set off claims        |
|                 | Any financial assets you did not already list No Yes. Give specific information   |                          |                               |                         |
| 36.             | Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here   |                          | •                             | \$995.00                |
| Part            | 5: Describe Any Business-Related Property You Own or Have an Interes  | t In. List any real esta | ate in Part 1.                |                         |
| •               | No. Go to Part 6.  Yes. Go to line 38.  | property?                |                               |                         |
| <b>Part</b> 46. | 6: Describe Any Farm- and Commercial Fishing-Related Property You Of If you own or have an interest in farmland, list it in Part 1.  Do you own or have any legal or equitable interest in any farm- or No. Go to Part 7. |                          |                               |                         |
|                 | Yes. Go to line 47.   |                          |                               |                         |
| Part            | 7: Describe All Property You Own or Have an Interest in That You D  | oid Not List Above       |                               |                         |
|                 | Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information   |                          |                               |                         |
| 54.             | Add the dollar value of all of your entries from Part 7. Write that   | number here              |                               | \$0.00                  |
| Part            | 8: List the Totals of Each Part of this Form  |                          |                               |                         |
| 55.             | Part 1: Total real estate, line 2   |                          |                               | \$0.00                  |
| 56.             | Part 2: Total vehicles, line 5  | \$14,250.00              |                               |                         |
| 57.             | Part 3: Total personal and household items, line 15   | \$2,825.00               |                               |                         |
| 58.             | Part 4: Total financial assets, line 36   | \$995.00                 |                               |                         |
| 59.             | Part 5: Total business-related property, line 45  | \$0.00                   |                               |                         |
| 60.             | Part 7: Total other property not listed line 54   | \$0.00                   |                               |                         |
| 61.<br>62.      | Part 7: Total other property not listed, line 54 + _  Total personal property. Add lines 56 through 61  | \$0.00<br>\$18,070.00    | Copy personal property t      | otal <b>\$18,070.00</b> |
| 63.             | Total of all property on Schedule A/B. Add line 55 + line 62  |                          |                               | \$18,070.00             |

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|                     |                          | Docume            |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Lisa Hawthorne           |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             | ☐ Check if this is a<br>amended filing |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Ide | entify the | Property You | u Claim as | Exempt |
|-------------|------------|--------------|------------|--------|
|-------------|------------|--------------|------------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                       |                                     |  | Specific laws that allow exemption |
|---|-------------------------------------|--|------------------------------------|
|   | Copy the value from<br>Schedule A/B | Check only one box for each exemption.                         |                                    |
| Household Goods and Furnishings Line from Schedule A/B: 6.1 | \$1,900.00                          | \$1,900.0  | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Geriedale PAB. G.1                              |                                     | ☐ 100% of fair market value, up any applicable statutory limit | 0                                  |
| Used Electronics Line from Schedule A/B: 7.1                | \$400.00                            | \$400.0  | 735 ILCS 5/12-1001(b)              |
| Line Irom Schedule A/D. 111                                 |                                     | ☐ 100% of fair market value, up any applicable statutory limit | 0                                  |
| Necessary Wearing Apparel Line from Schedule A/B: 11.1      | \$400.00                            | \$400.0  | 735 ILCS 5/12-1001(a)              |
| Ente from Genedate AVB. TTT                                 |                                     | ☐ 100% of fair market value, up any applicable statutory limit | 0                                  |
| Costume Jewelry Line from Schedule A/B: 12.1                | \$125.00                            | <b>■</b> \$125.0   | 735 ILCS 5/12-1001(b)              |
| Life from Schedule AVD. 12.1                                |                                     | ☐ 100% of fair market value, up any applicable statutory limit | О                                  |
| Checking: Great Lakes Credit Union<br>Bank Account          | \$90.00                             | ■ \$90.0   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17.1                                |                                     | ☐ 100% of fair market value, up any applicable statutory limit | o                                  |

Filed 03/19/18 Entered 03/19/18 13:35:17 Document Page 16 of 61 Lisa Hawthorne Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Savings: Great Lakes Credit Union 735 ILCS 5/12-1001(b) \$5.00 \$5.00 **Bank Account** Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 401(k): MetLife 735 ILCS 5/12-1006 100% \$900.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit

| 3. | Are you claiming a homestead exemption of more than \$160,375           |
|----|---|
|    | (Subject to adjustment on 4/01/19 and every 3 years after that for case |

Doc 1

Case 18-07871

ars after that for cases filed on or after the date of adjustment.)

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

  - Yes

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|                                 | Case 18-07871  |  | 03/19/18 Entere<br>Iment Page 1 | ed 03/19/18 13:3<br>7 of 61                             | 35:17 Desc M                                 | lain                        |
|---------------------------------|--|--|---------------------------------|---|--|-----------------------------|
| Fill in this ir                 | nformation to identify you   | r case:  |                                 |   |  |                             |
| Debtor 1                        | Lisa Hawthorne   |  |                                 |   |  |                             |
|                                 | First Name   | Middle Name                                    | Last Name                       |   |  |                             |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name                                    | Last Name                       |   |  |                             |
| United State                    | s Bankruptcy Court for the:  | NORTHERN DIST                                  | RICT OF ILLINOIS                |   |  |                             |
| Case numbe                      | r  |  |                                 |   | _  | if this is an<br>led filing |
| Official F                      | orm 106D   |  |                                 |   |  |                             |
| Schedu                          | le D: Creditors  | Who Have C                                     | laims Secure                    | d by Property   | y  | 12/15                       |
|                                 | e and accurate as possible. I<br>by the Additional Page, fill it o<br>wn). |  |                                 |   |  |                             |
| . Do any cred                   | itors have claims secured by   | your property?                                 |                                 |   |  |                             |
| ☐ No. C                         | heck this box and submit the   | nis form to the court wit                      | h your other schedules. `       | You have nothing else to                                | report on this form.                         |                             |
| Yes. I                          | Fill in all of the information I   | pelow.   |                                 |   |  |                             |
| Part 1: Li                      | st All Secured Claims  |  |                                 |   |  |                             |
|                                 | ured claims. If a creditor has r   | nore than one secured cla                      | im. list the creditor separate  | Column A  | Column B                                     | Column C                    |
| for each claim                  | . If more than one creditor has ble, list the claims in alphabetic         | a particular claim, list the                   | other creditors in Part 2. As   | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 Regio                       | nal Acceptance Co  | Describe the property that secures the claim:  |                                 | \$20,506.00   | \$14,250.00                                  | \$6,256.00                  |
| Creditor's                      |  | 2015 Hyundai Elar<br>Value According t         |                                 |   |  |                             |
| 1424                            | Bankruptcy<br>E Firetower Rd<br>ville, NC 27858                            | As of the date you file, apply.  ☐ Contingent  | the claim is: Check all that    |   |  |                             |
| Number,                         | Street, City, State & Zip Code   | ☐ Unliquidated☐ Disputed                       |                                 |   |  |                             |
| Who owes th                     | ne debt? Check one.  | Nature of lien. Check a                        | all that apply.                 |   |  |                             |
| Debtor 1 o                      | nly  |  | ade (such as mortgage or se     | ecured  |  |                             |
| Debtor 2 or                     | •  | car loan)                                      |                                 |   |  |                             |
|                                 | nd Debtor 2 only   | _ ' '  | s tax lien, mechanic's lien)    |   |  |                             |
|                                 | e of the debtors and another nis claim relates to a                        | ☐ Judgment lien from a☐ Other (including a rig |                                 |   |  |                             |
| communi                         |  | — Other (including a fig                       |                                 |   |  |                             |

Add the dollar value of your entries in Column A on this page. Write that number here: \$20,506.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$20,506.00

Last 4 digits of account number

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Opened 06/15 Last Active

Date debt was incurred 2/06/18

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|                                       | Case 10-07071 DOC 1   |  |              | 3 of 61  | Desi                        | Ινιαιιι                                   |
|---------------------------------------|---|--|--------------|--|-----------------------------|---|
| Fill in                               | this information to identify your case:   | Bocament   | ACC IC       | 7 01 01  |                             |   |
| Debto                                 | or 1 Lisa Hawthorne   |  |              |  |                             |   |
| Dobit                                 |   | liddle Name Las  | t Name       |  |                             |   |
| Debto                                 | or 2  |  |              |  |                             |   |
| (Spous                                | e if, filing) First Name M  | liddle Name Las  | t Name       |  |                             |   |
| Unite                                 | d States Bankruptcy Court for the: NORT   | HERN DISTRICT OF ILLINOI   | IS           |  |                             |   |
| Case                                  | number  |  |              |  |                             |   |
| (if know                              | vn)   | <del></del>  |              |  | ☐ Ch                        | eck if this is an                         |
|                                       |   |  |              |  | am                          | nended filing                             |
| Offic                                 | cial Form 106E/F  |  |              |  |                             |   |
|                                       | edule E/F: Creditors Who Ha   | ave Unsecured Cla  | ims          |  |                             | 12/15                                     |
| Schedi<br>Schedi<br>eft. At<br>name a | ecutory contracts or unexpired leases that coul<br>ule G: Executory Contracts and Unexpired Leas<br>ule D: Creditors Who Have Claims Secured by F<br>tach the Continuation Page to this page. If you<br>and case number (if known). | ses (Official Form 106G). Do not<br>Property. If more space is neede<br>have no information to report ir | include a    | any creditors with partially secure<br>he Part you need, fill it out, numb | ed claims to<br>er the entr | hat are listed in ies in the boxes on the |
| Part '                                |   |  |              |  |                             |   |
| _                                     | o any creditors have priority unsecured claims  | against you?   |              |  |                             |   |
|                                       | No. Go to Part 2.   |  |              |  |                             |   |
|                                       | Yes.  | 1011   |              |  |                             |   |
| Part 2                                |   |  |              |  |                             |   |
| _                                     | o any creditors have nonpriority unsecured clai   | - ,  |              |  |                             |   |
| L                                     | I No. You have nothing to report in this part. Subm   | it this form to the court with your o  | other sche   | edules.  |                             |   |
|                                       | Yes.  |  |              |  |                             |   |
| ur<br>th                              | ist all of your nonpriority unsecured claims in the<br>nesecured claim, list the creditor separately for each<br>an one creditor holds a particular claim, list the other<br>art 2.   | claim. For each claim listed, iden   | tify what ty | ype of claim it is. Do not list claims a                                   | already inclu               | ided in Part 1. If more                   |
|                                       |   |  |              |  |                             | Total claim                               |
| 4.1                                   | Am Std Asst   | Last 4 digits of account i   | number       | 7137   |                             | \$26,790.00                               |
|                                       | Nonpriority Creditor's Name   |  |              | Onemad 44/44 Look Activ  | _                           |   |
|                                       | 100 Cambridge St., Suite 1600<br>Boston, MA 02114   | When was the debt incur  | rred?        | Opened 11/14 Last Activ<br>1/25/16   | re<br>                      |   |
|                                       | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, th  | ne claim i   | s: Check all that apply  |                             |   |
|                                       | ■ Debtor 1 only   | ☐ Contingent   |              |  |                             |   |
|                                       | □ Debtor 2 only □ Unliquidated  |  |              |  |                             |   |
|                                       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |              |  |                             |   |
|                                       | ☐ At least one of the debtors and another   | Type of NONPRIORITY u  | nsecured     | I claim:   |                             |   |
|                                       | ☐ Check if this claim is for a community  | Student loans  |              |  |                             |   |
|                                       | debt  |  | of a sepa    | ration agreement or divorce that you                                       | u did not                   |   |
|                                       | Is the claim subject to offset?   | report as priority claims  | ofit obori-  | g plans, and other similar debts   |                             |   |
|                                       | ■ No  | ·  | มแ-รทarın    | y pians, and other similar debts   |                             |   |
|                                       | ☐ Yes   | Other, Specify   |              |  |                             |   |

**Educational** 

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Debtor 1 Lisa Hawthorne Case number (if know) 4.2 Am Std Asst Last 4 digits of account number 0001 \$26.530.00 Nonpriority Creditor's Name Opened 11/03/14 Last Active 100 Cambridge St., Suite 1600 When was the debt incurred? 1/25/18 Boston, MA 02114 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Educational** 4.3 Last 4 digits of account number **ARS/Account Resolution Specialist** 5443 \$526.00 Nonpriority Creditor's Name Po Box 459079 When was the debt incurred? **Opened 12/17** Sunrise, FL 33345 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Mea-Munster Llc ☐ Yes 4.4 **ARS/Account Resolution Specialist** \$526.00 Last 4 digits of account number 2747 Nonpriority Creditor's Name Po Box 459079 When was the debt incurred? **Opened 08/17** Sunrise, FL 33345 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Mea-Munster Llc ☐ Yes

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Debtor 1 Lisa Hawthorne Case number (if know) 4.5 Capital One Last 4 digits of account number 4724 \$25.00 Nonpriority Creditor's Name Attn: General Opened 12/17 Last Active Correspondence/Bankruptcy When was the debt incurred? 2/16/18 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 **Cavalry Portfolio Services** Last 4 digits of account number 2596 \$6,857.00 Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? **Opened 12/15** 500 Summit Lake Ste 400 Valhalla, NY 10595 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Exeter Finance Corp ☐ Yes 4.7 \$0.00 **Chase Auto Finance** Last 4 digits of account number 0324 Nonpriority Creditor's Name National Bankruptcy Dept Opened 8/17/07 Last Active 10/04/08 201 N Central Ave Ms Az1-1191 When was the debt incurred? Phoenix, AZ 85004 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Automobile Other. Specify

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Debtor 1 Lisa Hawthorne Case number (if know) 4.8 Chase Card Services Last 4 digits of account number 0038 \$0.00 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 03/98 Last Active When was the debt incurred? Po Box 15298 3/04/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.9 Citibank/Shell Oil 4024 Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Citicorp Srvs/ Centralized Opened 02/05 Last Active **Bankruptcy** When was the debt incurred? 05/08 Po Box 790040 St Louis, MO 63179 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 Diversified Consultants, Inc. \$405.00 0942 Last 4 digits of account number 0 Nonpriority Creditor's Name **Diversified Consultants, Inc.** When was the debt incurred? Opened 2/08/16 Po Box 551268 Jacksonville, FL 32255 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Sprint ☐ Yes

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Case number (if know)

| Educator's Credit Union Nonpriority Creditor's Name            | Last 4 digits of account number                              |   | \$   |
|--|--|---|------|
| PO Box 081040 Racine, WI 53408                                 | When was the debt incurred?                                  | 2018  |      |
| Number Street City State Zlp Code                              | As of the date you file, the claim                           | is: Check all that apply                      |      |
| Who incurred the debt? Check one.                              |  |   |      |
| Debtor 1 only  | ☐ Contingent   |   |      |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |      |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |   |      |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |      |
| ☐ Check if this claim is for a community                       | ☐ Student loans  |   |      |
| debt<br>Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |      |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |      |
| Yes  | Other. Specify Consumer                                      |   |      |
| Exeter Finance Corp  | Last 4 digits of account number                              | 1001  | \$   |
| Nonpriority Creditor's Name                                    | _  | <del></del>                                   |      |
| Po Box 166008<br>Irving, TX 75016                              | When was the debt incurred?                                  | Opened 08/12 Last Active 7/24/14              |      |
| Number Street City State Zlp Code                              | As of the date you file, the claim                           | is: Check all that apply                      |      |
| Who incurred the debt? Check one.                              |  |   |      |
| ■ Debtor 1 only  | ☐ Contingent   |   |      |
| Debtor 2 only  | ☐ Unliquidated   |   |      |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |   |      |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |      |
| ☐ Check if this claim is for a community                       | Student loans  |   |      |
| debt<br>Is the claim subject to offset?                        | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |      |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |      |
| Yes  | Other. Specify Automobile                                    | 9   |      |
| Fingerhut  | Last 4 digits of account number                              | 2704  | \$75 |
| Nonpriority Creditor's Name  Bankruptcy Dept 6250 Ridgewood Rd | When was the debt incurred?                                  | Opened 02/16 Last Active 9/28/17              |      |
| Saint Cloud, MN 56303 Number Street City State Zlp Code        | An of the data you file the above                            | in Charle all that and in                     |      |
| Who incurred the debt? Check one.                              | As of the date you file, the claim                           | ээ. Спеск ан тат арргу                        |      |
| Debtor 1 only  | ☐ Contingent   |   |      |
| Debtor 2 only  | ☐ Unliquidated   |   |      |
| Debtor 1 and Debtor 2 only                                     | Disputed   |   |      |
| At least one of the debtors and another                        | Type of NONPRIORITY unsecure                                 | d claim:                                      |      |
| ☐ Check if this claim is for a community                       | Student loans  |   |      |
| debt Is the claim subject to offset?                           | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |      |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |      |
| □Yes   | ■ Other. Specify Charge Ac                                   |   |      |

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| Debtor | 1 Lisa Hawthorne  |   | Case number (if know)            |            |  |
|--------|---|---|----------------------------------|------------|--|
| 4.1    | Franciscan Alliance   | Last 4 digits of account number   |                                  | \$2,500.00 |  |
|        | Nonpriority Creditor's Name<br>28044 Network Place<br>Chicago, IL 60673 | When was the debt incurred? 2017  |                                  |            |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.    | As of the date you file, the claim  |                                  |            |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |                                  |            |  |
|        | Debtor 2 only   | ☐ Unliquidated  |                                  |            |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                  |            |  |
|        | $\square$ At least one of the debtors and another                       | Type of NONPRIORITY unsecured   | d claim:                         |            |  |
|        | ☐ Check if this claim is for a community                                | ☐ Student loans   |                                  |            |  |
|        | debt Is the claim subject to offset?                                    | Obligations arising out of a separeport as priority claims  |                                  |            |  |
|        | ■ No  | Debts to pension or profit-sharing  |                                  |            |  |
|        | Yes   | Other. Specify Medical  |                                  |            |  |
| 4.1    | Komyatte & Casbon, PC   | Last 4 digits of account number   | 9916                             | \$110.00   |  |
|        | Nonpriority Creditor's Name Attn: Collections Department                | When was the debt incurred?   | Opened 7/05/17                   |            |  |
|        | 9650 Gordon Drive<br>Highland, IN 46322                                 | <u>.</u>  |                                  |            |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim  |                                  |            |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |                                  |            |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |                                  |            |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                  |            |  |
|        | $\square$ At least one of the debtors and another                       | Type of NONPRIORITY unsecured   |                                  |            |  |
|        | $\square$ Check if this claim is for a community                        | Student loans   |                                  |            |  |
|        | debt Is the claim subject to offset?                                    | Obligations arising out of a separeport as priority claims  |                                  |            |  |
|        | ■ No  | Debts to pension or profit-sharing  |                                  |            |  |
|        | Yes   | Other. Specify Nw Indiana   |                                  |            |  |
| 4.1    | Landmark Credit Union   | Last 4 digits of account number   |                                  | \$350.00   |  |
|        | Nonpriority Creditor's Name P.O. Box 510910 New Berlin, WI 53151        | When was the debt incurred?   | 2018                             |            |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim  | is: Check all that apply         |            |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |                                  |            |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |                                  |            |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                  |            |  |
|        | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecure  |                                  |            |  |
|        | ☐ Check if this claim is for a community                                | Student loans   |                                  |            |  |
|        | debt Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                  |            |  |
|        | No  | Debts to pension or profit-sharing  | g plans, and other similar debts |            |  |
|        | ☐ Yes   | Other. Specify Consumer   |                                  |            |  |

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Case number (if know)

| LISA HAWLIIOTTIE  |  | Case Humber (II know)                         |            |
|---|--|---|------------|
| LJ Ross Associates  | Last 4 digits of account number                              | 2517  | \$1,948.00 |
| Nonpriority Creditor's Name 4 Universal Way Po Box 6099             | When was the debt incurred?                                  | Opened 12/14/15                               |            |
| Jackson, MI 49204  Number Street City State Zlp Code                | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                   | , , , , , , , , , , , , , ,                                  | an and apply                                  |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                            | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes   | ■ Other. Specify 10 We Ener                                  | rgies H H                                     |            |
| Nelnet Loans  | Last 4 digits of account number                              | 6724  | \$0.00     |
| Nonpriority Creditor's Name   |  | Opened 04/07 Leet Active                      |            |
| Attn: Claims<br>Po Box 82505  | When was the debt incurred?                                  | Opened 04/07 Last Active 3/16/11              |            |
| Lincoln, NE 68501   |  | 0/10/11                                       |            |
| Number Street City State Zlp Code                                   | As of the date you file, the claim i                         | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                   | _  |   |            |
| Debtor 1 only   | Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| $\square$ Check if this claim is for a community                    | Student loans  |   |            |
| debt Is the claim subject to offset?                                | report as priority claims                                    | aration agreement or divorce that you did not |            |
| No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| ☐ Yes   | Other. Specify   |   |            |
|   | Educationa   | ıl  |            |
| Northwestern Medical Group  Nonpriority Creditor's Name             | Last 4 digits of account number                              |   | \$1,500.00 |
| 251 E. Huron St.<br>Chicago, IL 60611                               | When was the debt incurred?                                  | 2017  |            |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                            | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                | report as priority claims                                    | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| ☐ Yes   | Other. Specify Medical                                       |   |            |

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| Debtor | 1 Lisa Hawthorne  |  | Case number (if know)                         |          |
|--------|---|--|---|----------|
| 4.2    | Us Dept Of Ed/Great Lakes Higher Educati Nonpriority Creditor's Name          | Last 4 digits of account number  | 1577  | \$0.00   |
|        | Attn: Bankruptcy<br>2401 International Lane<br>Madison, WI 53704              | When was the debt incurred?  | Opened 2/12/10 Last Active 1/31/13            |          |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i   | s: Check all that apply                       |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |   |          |
|        | Debtor 1 only   | ☐ Unliquidated   |   |          |
|        | Debtor 2 only   | ☐ Disputed   |   |          |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured  | d claim:                                      |          |
|        | At least one of the debtors and another                                       | Student loans  |   |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? |  | aration agreement or divorce that you did not |          |
|        | ■ No  | ☐ Debts to pension or profit-sharin  | g plans, and other similar debts              |          |
| ☐ Yes  |   | Other. Specify   |   |          |
|        |   | Educationa   | <u> </u>                                      |          |
| 4.2    |   |  |   |          |
| 4.2    | Usa Funds/sallie Mae Servicing  | Last 4 digits of account number  | 2929  | \$659.00 |
|        | Nonpriority Creditor's Name Cbe Group Po Box 900                              | When was the debt incurred?  | Opened 12/13 Last Active 2/14/18              |          |
|        | Waterloo, IA 50704  | _  |   |          |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i   | is: Check all that apply                      |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |   |          |
|        | Debtor 1 only   | ☐ Unliquidated   |   |          |
|        | Debtor 2 only   | ☐ Disputed   |   |          |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured  | d claim:                                      |          |
|        | At least one of the debtors and another                                       | Student loans  |   |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? |  | aration agreement or divorce that you did not |          |
|        | No  | Debts to pension or profit-sharing   |   |          |
|        | ☐ Yes   | ☐ Other. Specify   |   |          |
|        |   | Educationa<br>200  |   |          |
| 4.2    | WE Energies Nonpriority Creditor's Name                                       | Last 4 digits of account number  | 8005  | \$0.00   |
|        | Attn: Bankruptcy Po Box 2046 Rm A130 Milwaukee, WI 53201                      | When was the debt incurred?  | Opened 7/01/08 Last Active 7/01/09            |          |
|        | Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply                      |          |
|        | Who incurred the debt? Check one.   |  |   |          |
|        | Debtor 1 only   | ☐ Contingent   |   |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|        | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured  | d claim:                                      |          |
|        | Check if this claim is for a community  | ☐ Student loans  |   |          |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not  |          |
|        | ■ No  |  |   |          |
|        | Yes   | Other. Specify Agriculture   | <u> </u>                                      |          |

Part 3: List Others to Be Notified About a Debt That You Already Listed

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Debtor 1 Lisa Hawthorne

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Name and Address  | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |
|---|--|--|--|--|--|
| Franciscan  | Line 4.14 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| 20201 South Crawford Ave<br>Olympia Fields, IL 60461              |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
|   | Last 4 digits of account number  |  |  |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |
|   |  |  |  |  |  |
| Northwestern Medicine   | Line 4.19 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| Northwestern Medicine<br>28155 Network Place<br>Chicago, IL 60673 | Line <b>4.19</b> of ( <i>Check one</i> ):                              | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$<br>0.00      |
|              |     |   |     |                 |
|              | 6e. | <b>Total Priority.</b> Add lines 6a through 6d.   | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>53,979.00 |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>15,497.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>69,476.00 |

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| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Lisa Hawthorne           |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number, | whom you have the<br>Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|--|-------------------|---|
| 2.1 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | <del>-</del>                            |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          | _                                       |
| 2.2 |           |                               |  |                   |   |
|     | Name      |                               |  |                   |   |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          | <del>_</del>                            |
| 2.3 | City      |                               | State  | ZIF Code          |   |
|     | Name      |                               |  |                   |   |
|     |           |                               |  |                   |   |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          | _                                       |
| 2.4 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     |           |                               |  |                   |   |
|     | City      |                               | State  | ZIP Code          | _                                       |
| 2.5 |           |                               |  |                   |   |
|     | Name      |                               |  |                   |   |
|     |           |                               |  |                   | <u> </u>                                |
|     | Number    | Street                        |  |                   |   |
|     | City      |                               | State  | ZIP Code          | _                                       |
|     | •         |                               |  |                   |   |

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| Fill in this            | information to identify you  | Docume  | nt Page 28 d          | of 61   |                                    |
|-------------------------|--|---|-----------------------|---|------------------------------------|
|                         |  | 0030.   |                       |   |                                    |
| Debtor 1                | Lisa Hawthorne First Name  | Middle Name   | Last Name             |   |                                    |
| Debtor 2                |  |   |                       |   |                                    |
| (Spouse if, filin       | ng) First Name   | Middle Name   | Last Name             |   |                                    |
| United Stat             | tes Bankruptcy Court for the:                                      | NORTHERN DISTRICT   | OF ILLINOIS           |   |                                    |
| Case numb<br>(if known) | oer  |   |                       |   | Check if this is an amended filing |
| Official                | Form 106H  |   |                       |   |                                    |
| Sched                   | ule H: Your Cod  | debtors   |                       |   | 12/15                              |
| ill it out, ai          |  | e boxes on the left. Attach<br>n). Answer every question. | the Additional Page   | tion. If more space is needed, co<br>to this page. On the top of any A<br>e as a codebtor.                |                                    |
| ■ No<br>□ Yes           |  |   |                       |   |                                    |
|                         | nin the last 8 years, have yo<br>a, California, Idaho, Louisiana   |   |                       | ry? (Community property states ar ington, and Wisconsin.)   | nd territories include             |
|                         | Go to line 3 Did your spouse, former spo                           | ouse, or legal equivalent live                            | with you at the time? |   |                                    |
| in line<br>Form         | 2 again as a codebtor only   | if that person is a guarant                               | tor or cosigner. Make | r if your spouse is filing with you<br>sure you have listed the credito<br>06G). Use Schedule D, Schedule | r on Schedule D (Official          |
|                         | Column 1: Your codebtor<br>Name, Number, Street, City, State and 2 | ZIP Code  |                       | Column 2: The creditor to w<br>Check all schedules that app   |                                    |
| 3.1                     |  |   |                       | ☐ Schedule D. line  |                                    |
|                         | Name   |   |                       | Schedule E/F, line  |                                    |
|                         |  |   |                       | ☐ Schedule G, line  | <u> </u>                           |
|                         | Number Street<br>City  | State   | ZIP Code              | _   |                                    |
| 3.2                     |  |   |                       | ☐ Schedule D, line  |                                    |
|                         | Name   |   |                       |   |                                    |
|                         |  |   |                       | ☐ Schedule G, line  |                                    |
| -                       | Number Street  |   |                       | _   |                                    |
|                         | City   | State   | ZIP Code              |   |                                    |

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|             |   |  |                                    |            |                | _           |                       |                          |                        |          |
|-------------|---|--|------------------------------------|------------|----------------|-------------|-----------------------|--------------------------|------------------------|----------|
|             | in this information to identify your btor 1 Lisa Hawth  |  |                                    |            |                |             |                       |                          |                        |          |
| _           | btor 2  |  |                                    |            | _              |             |                       |                          |                        |          |
|             | ited States Bankruptcy Court for th   | e: NORTHERN DISTRIC                                      | CT OF ILLINOIS                     |            |                |             |                       |                          |                        |          |
|             | se number<br>nown)  |  | -                                  |            |                | □ A         |                       | ed filing<br>ent showin  | g postpetition         |          |
| 0           | fficial Form 106l   |  |                                    |            |                | _           | IM / DD/ Y            |                          | J                      |          |
| S           | chedule I: Your Inc   | come   |                                    |            |                |             | , 22, .               |                          |                        | 12/15    |
| spo<br>atta | plying correct information. If youse. If you are separated and you has separate sheet to this form  The separate sheet to this form | our spouse is not filing w<br>. On the top of any additi | ith you, do not inclu              | ıde infor  | mati           | on about    | your spo<br>umber (if | ouse. If mo<br>known). A | ore space is           | needed,  |
|             |   |  | ■ Employed                         |            |                |             | ☐ Empl                |                          | ing spouse             |          |
|             | If you have more than one job, attach a separate page with information about additional   | a separate page with Employment status                   |                                    |            | ☐ Not employed |             |                       | mployed                  |                        |          |
|             | employers.  | Occupation   | ion Resiratory Therapist           |            |                |             |                       |                          |                        |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name  | Shirley Ryan A                     | bility La  | ıb             |             |                       |                          |                        |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address                                       | 355 E. Erie St.<br>Chicago, IL 606 | 611        |                |             |                       |                          |                        |          |
|             |   | How long employed t                                      | here? 3 years                      | <b>S</b>   |                |             | _                     |                          |                        |          |
| Pai         | rt 2: Give Details About Mo   | onthly Income  |                                    |            |                |             |                       |                          |                        |          |
|             | imate monthly income as of the use unless you are separated.  | date you file this form. If                              | you have nothing to r              | report for | any            | line, write | \$0 in the            | space. Inc               | clude your no          | n-filing |
|             | ou or your non-filing spouse have n<br>e space, attach a separate sheet t   |  | ombine the informatio              | on for all | emp            | oyers for   | that perso            | on on the li             | nes below. If          | you need |
|             |   |  |                                    |            |                | For Dek     | otor 1                |                          | btor 2 or<br>ng spouse |          |
| 2.          | List monthly gross wages, sal deductions). If not paid monthly  |  |                                    | 2.         | \$             | 2           | ,464.43               | \$                       | N/A                    |          |
| 3.          | Estimate and list monthly ove   | rtime pay.   |                                    | 3.         | +\$            |             | 0.00                  | +\$                      | N/A                    |          |
| 4.          | Calculate gross Income. Add   | line 2 + line 3.   |                                    | 4.         | \$             | 2,46        | 64.43                 | \$                       | N/A                    |          |

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| Deb | tor 1         | Lisa Hawthorne   | _         | C   | Case number (if ki                      | nown)           |            |                 |            |           |
|-----|---------------|--|-----------|-----|---|-----------------|------------|-----------------|------------|-----------|
|     |               |  |           |     | For Debtor 1                            |                 | nor        | Debtor :        | pouse      |           |
|     | Cop           | by line 4 here   | 4.        |     | \$ 2,464                                | 1.43            | \$_        |                 | N/A        | <u>-</u>  |
| 5.  | List          | all payroll deductions:  |           |     |   |                 |            |                 |            |           |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a        | ١.  | \$ 388                                  | 3.83            | \$         |                 | N/A        |           |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b        |     |   | 0.00            | \$         |                 | N/A        | _         |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c.       |     |   | 1.24            | \$_        |                 | N/A        | _         |
|     | 5d.           | Required repayments of retirement fund loans   | 5d        |     |   | 0.00            | \$_        |                 | N/A        | _         |
|     | 5e.<br>5f.    | Insurance  | 5e<br>5f. |     |   | 3.02            | \$_<br>\$  |                 | N/A        | _         |
|     | 5i.<br>5g.    | Domestic support obligations Union dues  | 5i.<br>5g |     | ·                                       | 0.00            | э_<br>\$   |                 | N/A<br>N/A | _         |
|     | 5h.           | Other deductions. Specify:   | 5h        |     | ·                                       | 0.00            | + \$-      |                 | N/A        | _         |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | —<br>6.   |     | . —                                     | 5.09            | \$         |                 | N/A        | _         |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.        |     | \$ 1,638                                |                 | \$         |                 | N/A        | _         |
| 8.  |               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross  | ,.        |     | <u> </u>                                | <del>5.54</del> | <b>~</b> _ |                 | N/A        | <u>-</u>  |
|     |               | receipts, ordinary and necessary business expenses, and the total  | 0 -       |     | Φ.                                      |                 | Φ.         |                 | A1/A       |           |
|     | 8b.           | monthly net income.  Interest and dividends  | 8a<br>8b  |     |   | 0.00            | \$_<br>\$  |                 | N/A        | _         |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent  |           |     | Ψ                                       | 0.00            | Ψ_         |                 | N/A        | _         |
|     | 00.           | regularly receive  |           |     |   |                 |            |                 |            |           |
|     |               | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.       |     | \$                                      |                 | \$         |                 | NI/A       |           |
|     | 8d.           | Unemployment compensation  | 8d        |     | ·                                       | 0.00<br>0.00    | \$<br>\$   |                 | N/A<br>N/A |           |
|     | 8e.           | Social Security  | 8e        |     | · : — — · · · · · · · · · · · · · · · · | 0.00            | \$         |                 | N/A        | _         |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e<br>8f.  |     | \$                                      | 0.00            | \$         |                 | N/A        | _         |
|     | 8g.           | Pension or retirement income   | <br>8g    | J.  |   | 0.00            | \$         |                 | N/A        | _         |
|     | 8h.           | Other monthly income. Specify: Tax Refund Offset   | 8h        | 1.+ | \$ 131                                  | .67             | + \$       |                 | N/A        | _         |
| 9.  | Add           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.        | \$  | 131                                     | 1.67            | \$_        |                 | N/         | 4         |
| 10. | Cald          | culate monthly income. Add line 7 + line 9.  | 10.       | \$  | 1,770.01                                | + \$            |            | N/A             | = \$       | 1,770.01  |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |           | Ψ_  | 1,770.01                                |                 |            | 19/4            | \[ \ -     | 1,770.01  |
| 11. | Stat<br>Inclu | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not    | depe      |     |   |                 |            | Schedule<br>11. |            | 0.00      |
| 12. |               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies  |           |     |   |                 |            | e.<br>12.       | \$Combi    | 1,770.01  |
| 12  | Do.           | you expect an increase or decrease within the year after you file this form  | 2         |     |   |                 |            |                 | month      | ly income |
| 13. | <b>■</b>      | you expect an increase or decrease within the year after you file this form No.  | f         |     |   |                 |            |                 |            |           |
|     | _             | Yes. Explain:  |           |     |   |                 |            |                 |            |           |

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| Fill i       | n this informa                 | tion to identify y                                   | our case:        |   |  | 1   |                 |                               |  |  |  |
|--------------|--------------------------------|--|------------------|---|--|---|-----------------|-------------------------------|--|--|--|
| Debt         |                                | Lisa Hawtho  |                  |   |  | Che   | eck if this is: |                               |  |  |  |
| Debt<br>(Spo | tor 2<br>buse, if filing)      |  |                  |   |  | <ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul> |                 |                               |  |  |  |
| Unite        | ed States Bankr                | ruptcy Court for the                                 | : NORTH          | HERN DISTRICT OF ILLIN  | OIS                                    |   | MM / DD / YYYY  |                               |  |  |  |
|              | e number                       | aptoy countries and                                  |                  |   |  |   | , 22 ,          |                               |  |  |  |
|              | nown)                          |  |                  |   |  |   |                 |                               |  |  |  |
| Of           | ficial Fo                      | rm 106J  |                  |   |  |   |                 |                               |  |  |  |
|              |                                | J: Your  |                  |   |  |   |                 | 12/15                         |  |  |  |
| info         | rmation. If m                  |  | eded, atta       | . If two married people ar<br>ich another sheet to this<br>n.               |  |   |                 |                               |  |  |  |
| Part         | 1: Descr                       | ibe Your House                                       | ehold            |   |  |   |                 |                               |  |  |  |
| 1.           | No. Go to                      |  |                  |   |  |   |                 |                               |  |  |  |
|              |                                |  | in a separ       | ate household?  |  |   |                 |                               |  |  |  |
|              | □N                             | 0  |                  |   |  |   |                 |                               |  |  |  |
|              | □ Y                            | es. Debtor 2 mu                                      | st file Offici   | al Form 106J-2, Expenses  | for Separate House                     | ehold of Del  | btor 2.         |                               |  |  |  |
| 2.           | Do you have                    | e dependents?  | ■ No             |   |  |   |                 |                               |  |  |  |
|              | Do not list Debtor 2.          | ebtor 1 and  | ☐ Yes.           | Fill out this information for each dependent                                | Dependent's relat<br>Debtor 1 or Debto |   | Dependent's age | Does dependent live with you? |  |  |  |
|              | Do not state                   |  |                  |   |  |   |                 | □ No                          |  |  |  |
|              | dependents                     | names.   |                  |   |  |   |                 | □ Yes<br>□ No                 |  |  |  |
|              |                                |  |                  |   |  |   |                 | ☐ Yes                         |  |  |  |
|              |                                |  |                  |   |  |   |                 | □ No                          |  |  |  |
|              |                                |  |                  |   |  |   |                 | ☐ Yes<br>☐ No                 |  |  |  |
|              |                                |  |                  |   |  |   |                 | ☐ Yes                         |  |  |  |
| 3.           | expenses of                    | penses include<br>f people other t<br>d your depende | han <sub>—</sub> | No<br>Yes   |  |   |                 |                               |  |  |  |
|              | <u> </u>                       |  |                  |   |  |   |                 |                               |  |  |  |
| Esti         | mate your ex                   |  | our bankr        | ly Expenses<br>uptcy filing date unless y<br>ly is filed. If this is a supp |  |   |                 |                               |  |  |  |
|              | licable date.                  |  | •                |   |  | ·   | •               |                               |  |  |  |
|              |                                |  |                  | government assistance i   |  |   |                 |                               |  |  |  |
|              | value of suci<br>icial Form 10 |  | d nave ind       | cluded it on Schedule I: \  | our Income                             |   | Your exp        | enses                         |  |  |  |
|              |                                |  |                  |   |  |   |                 |                               |  |  |  |
| 4.           |                                | or home owners<br>and any rent for the               |                  | ses for your residence. In<br>or lot.                                       | nclude first mortgag                   | e<br>4.   | \$              | 600.00                        |  |  |  |
|              | If not includ                  | led in line 4:                                       |                  |   |  |   |                 |                               |  |  |  |
|              | 4a. Real e                     | estate taxes   |                  |   |  | 4a.   | \$              | 0.00                          |  |  |  |
|              | •                              | rty, homeowner'                                      |                  |   |  | 4b.   | ·               | 0.00                          |  |  |  |
|              |                                | maintenance, re<br>owner's associa                   |                  | upkeep expenses   |  | 4c.<br>4d.  |                 | 0.00                          |  |  |  |
| 5.           |                                |  |                  | our residence, such as ho   | me equity loans                        | 4u.<br>5.   | ·               | 0.00                          |  |  |  |

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|                                 |

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| Fill in this inform             | nation to identify your  | case:                    |                             |                         |   |
|---------------------------------|--|--------------------------|-----------------------------|-------------------------|---|
| Debtor 1                        | Lisa Hawthorne   |                          |                             |                         |   |
|                                 | First Name   | Middle Name              | Last Name                   |                         |   |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name              | Last Name                   |                         |   |
| United States Bar               | nkruptcy Court for the:  | NORTHERN DISTRICT        | T OF ILLINOIS               |                         |   |
| Case number                     |  |                          |                             |                         | ☐ Check if this is an amended filing  |
| Official Form                   |  |                          |                             |                         |   |
| <b>Declarati</b>                | ion About a  | ın Individual            | Debtor's Sc                 | hedules                 | 12/15   |
| years, or both. 18              | or property by fraud in<br>3 U.S.C. §§ 152, 1341, 1<br>n Below |                          | Krupicy case can result i   | n imes up to \$250,00   | 00, or imprisonment for up to 20  |
| Did you pay                     | or agree to pay some   | one who is NOT an atto   | rney to help you fill out b | ankruptcy forms?        |   |
| ■ No                            |  |                          |                             |                         |   |
| ☐ Yes. N                        | lame of person   |                          |                             |                         | kruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                 | ty of perjury, I declare<br>true and correct.                  | that I have read the sum | nmary and schedules file    | d with this declaration | on and  |
| Lisa Ha                         | Hawthorne<br>awthorne<br>e of Debtor 1                         |                          | X Signature of              | Debtor 2                |   |

Date \_

Date March 19, 2018

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| Fill               | in this inform                                | nation to identify you                        | r case:   |   |  |   |
|--------------------|---|---|---|---|--|---|
| Deb                | otor 1  | Lisa Hawthorne                                |   |   |  |   |
| Dok                | otor 2  | First Name                                    | Middle Name   | Last Name   |  |   |
|                    | use if, filing)                               | First Name                                    | Middle Name   | Last Name   |  |   |
| Uni                | ted States Bar                                | nkruptcy Court for the:                       | NORTHERN DISTRICT (   | OF ILLINOIS   |  |   |
|                    | se number                                     |   |   |   | _  | heck if this is an<br>mended filing                   |
|                    | ficial Fo                                     | -   | Affairs for Individ   | duals Filing for B                                    | ankruptcy  | 4/10  |
| info<br>num        | rmation. If m                                 | ore space is needed,<br>a). Answer every ques | attach a separate sheet to stion.   | this form. On the top of any                          | equally responsible for sup<br>y additional pages, write you   |   |
| Par<br>1.          |   | etails About Your Ma<br>current marital statu | nrital Status and Where You   | Lived Before  |  |   |
| ٠.                 | - vilat is you                                | Current maritar state                         | 13:   |   |  |   |
|                    | <ul><li>■ Married</li><li>■ Not mar</li></ul> | ried  |   |   |  |   |
| 2.                 | During the la                                 | st 3 years, have you                          | lived anywhere other than   | where you live now?                                   |  |   |
|                    | ■ No<br>□ Yes. Lis                            | t all of the places you l                     | ived in the last 3 years. Do no   | ot include where you live now                         | <i>ı</i> .   |   |
|                    | Debtor 1 Pr                                   | ior Address:                                  | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |   |   |   |   | ity property state or territory<br>co, Texas, Washington and W |   |
|                    | ■ No<br>□ Yes. Ma                             | ke sure you fill out <i>Scl</i>               | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |
| Par                | t 2 Explai                                    | n the Sources of You                          | r Income  |   |  |   |
| 4.                 | Fill in the tota                              | I amount of income yo                         | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |  | ndar years?   |
|                    | □ No ■ Yes. Fill                              | in the details.                               |   |   |  |   |
|                    |   |   | Debtor 1  |   | Debtor 2   |   |
|                    |   |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                    |   | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips   | \$1,953.54  | ☐ Wages, commissions, bonuses, tips                            |   |
|                    |   |   | ☐ Operating a business  |   | ☐ Operating a business   |   |

Official Form 107

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Case number (if known) Debtor 1 Lisa Hawthorne

|             |                          |                           |                                   | Debtor 1   |                        |  | Debtor 2                             |                          |   |
|-------------|--------------------------|---------------------------|-----------------------------------|--|------------------------|--|--------------------------------------|--------------------------|---|
|             |                          |                           |                                   | Sources of income<br>Check all that apply.   | (befo                  | ss income<br>ore deductions and<br>usions)       | Sources of ince<br>Check all that ap |                          | Gross income<br>(before deductions<br>and exclusions) |
|             | last calen<br>nuary 1 to |                           | wages, commissions, bonuses, tips |  |                        | \$41,487.00                                      | ☐ Wages, combonuses, tips            | missions,                |   |
|             |                          |                           |                                   | ☐ Operating a business   |                        |  | ☐ Operating a I                      | ousiness                 |   |
|             |                          | dar year be<br>December   |                                   | ■ Wages, commissions, bonuses, tips  |                        | \$47,523.00                                      | ☐ Wages, combonuses, tips            | missions,                |   |
|             |                          |                           |                                   | ☐ Operating a business   |                        |  | ☐ Operating a I                      | ousiness                 |   |
| For<br>(Jar | the calend<br>nuary 1 to | dar year:<br>December     | 31, 2015 )                        | ■ Wages, commissions, bonuses, tips  |                        | \$54,702.00                                      | ☐ Wages, combonuses, tips            | missions,                |   |
|             |                          |                           |                                   | ☐ Operating a business   |                        |  | ☐ Operating a I                      | ousiness                 |   |
|             | □ No                     | source and Fill in the de | -                                 | ome from each source separa  | ately. Do              | not include income t                             | hat you listed in lin                | e 4.                     |   |
|             |                          |                           |                                   | Debtor 1   |                        |  | Debtor 2                             |                          |   |
|             |                          |                           |                                   | Sources of income<br>Describe below.   | each<br>(befo          | ss income from source ore deductions and usions) | Sources of inco<br>Describe below.   |                          | Gross income<br>(before deductions<br>and exclusions) |
|             | last calen<br>nuary 1 to | dar year:<br>December     | 31, 2017 )                        | Pension Income per<br>1040   |                        | \$731.00   |                                      |                          |   |
| Part        |                          |                           |                                   | u Made Before You Filed for<br>2's debts primarily consume   |                        |  |                                      |                          |   |
|             | □ No.                    | Neither D                 | ebtor 1 nor                       | Debtor 2 has primarily constant personal, family, or househo                                       | umer de                | ebts. Consumer debi                              | s are defined in 11                  | U.S.C. § 10 <sup>4</sup> | 1(8) as "incurred by an                               |
|             |                          | During the                | 90 days bef                       | ore you filed for bankruptcy, d  | lid you p              | ay any creditor a tota                           | al of \$6,425* or mor                | e?                       |   |
|             |                          | □ No.                     | Go to line                        |  |                        |  |                                      |                          |   |
|             |                          | ☐ Yes                     | paid that c                       | each creditor to whom you pa<br>reditor. Do not include payment<br>e payments to an attorney for t | nts for d<br>this bank | omestic support oblic<br>cruptcy case.           | gations, such as ch                  | ild support a            | nd alimony. Also, do                                  |
|             | <b>-</b>                 | •                         | •                                 | nt on 4/01/19 and every 3 year   |                        |  | or after the date of                 | aujustinent.             | •   |
|             | ■ Yes.                   |                           |                                   | or both have primarily consi<br>ore you filed for bankruptcy, d                                    |                        |  | al of \$600 or more?                 |                          |   |
|             |                          | No.                       | Go to line                        | 7.   |                        |  |                                      |                          |   |
|             |                          | □ <sub>Yes</sub>          | include pa                        | each creditor to whom you pa<br>yments for domestic support o<br>or this bankruptcy case.          |                        |  |                                      |                          |   |
|             | Creditor'                | s Name an                 | d Address                         | Dates of payme   | ent                    | Total amount paid                                | Amount you still owe                 | Was this p               | payment for   |

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Case number (if known) Debtor 1 Lisa Hawthorne Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimonv. Nο Yes. List all payments to an insider. **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain** what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave

Person to Whom You Gave the Gift and Address:

per person

the gifts

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| 14. | Within 2 years before you filed for bankru   |                    |  | ns with a tota | I value of more thar                    | n \$600 to any charity?   |
|-----|--|--------------------|--|----------------|---|---------------------------|
|     | Yes. Fill in the details for each gift or co   |                    |  |                | Dates you                               | Value                     |
|     | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code   |                    | Describe what you contributed  |                | Dates you contributed                   | value                     |
| Par | t 6: List Certain Losses   |                    |  |                |   |                           |
|     | Within 1 year before you filed for bankrup or gambling?  | otcy or            | since you filed for bankruptcy, did y                                      | you lose anyt  | hing because of the                     | eft, fire, other disaster |
|     | ■ No □ Yes. Fill in the details.   |                    |  |                |   |                           |
|     | Describe the property you lost and how the loss occurred   | Include            | the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: | _ist pending   | Date of your loss                       | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfers  | i                  |  |                |   |                           |
|     | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr   | reparin            | g a bankruptcy petition?   |                |   | erty to anyone you        |
|     | □ No   |                    |  |                |   |                           |
|     | Yes. Fill in the details.  |                    | December 1 and the state of any and any                                    |                | D-(                                     | A                         |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | ou                 | Description and value of any prop transferred                              | erty           | Date payment<br>or transfer was<br>made | Amount of<br>payment      |
|     | Upright Law LLC<br>79 West Monroe<br>Fifith Floor<br>Chicago, IL 60603<br>dgallagher@uprightlaw.com  |                    | Attorney Fees  |                | 1/2018                                  | \$115.00                  |
|     | Within 1 year before you filed for bankrup<br>promised to help you deal with your cred<br>Do not include any payment or transfer that  | litors or          | to make payments to your creditor  |                | r transfer any prop                     | erty to anyone who        |
|     | ■ No   |                    |  |                |   |                           |
|     | Yes. Fill in the details.  Person Who Was Paid   |                    | Description and value of any prop  | ertv           | Date payment                            | Amount of                 |
|     | Address  |                    | transferred  | erty           | or transfer was made                    | payment                   |
|     | Within 2 years before you filed for bankru<br>transferred in the ordinary course of you<br>Include both outright transfers and transfers<br>include gifts and transfers that you have alre | r busine<br>made a | ess or financial affairs? as security (such as the granting of a s         |                |   |                           |
|     | ■ No □ Yes. Fill in the details.   |                    |  |                |   |                           |
|     | Person Who Received Transfer   |                    | Description and value of   | Describe a     | any property or                         | Date transfer was         |
|     | Address  |                    | property transferred   |                | received or debts                       | made                      |
|     | Person's relationship to you   |                    |  |                |   |                           |

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Case number (if known) Document

Debtor 1 Lisa Hawthorne

|       | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) |  |                         |                         |   |   |  |
|-------|---|--|-------------------------|-------------------------|---|---|--|
|       | No Yes. Fill in the details.  |  |                         |                         |   |   |  |
|       | Name of trust   | Description and v  | alue of the pro         | perty trans             | sferred   | Date Transfer was made                        |  |
| Dar   | rt 8: List of Certain Financial Accounts, Instr   | ruments Safa Denosii   | Boyes and S             | orage Unit              | e e   |   |  |
|       |   |  |                         |                         |   |   |  |
| 20.   | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or   | •  |                         |                         |   |   |  |
|       | houses, pension funds, cooperatives, associa  | ations, and other finar  | ncial institution       | ıs.                     |   |   |  |
|       | ■ No □ Yes. Fill in the details.  |  |                         |                         |   |   |  |
|       |   | ast 4 digits of account number   | Type of acco instrument | unt or                  | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |  |
| 21.   | Do you now have, or did you have within 1 ye cash, or other valuables?  | ar before you filed for  | bankruptcy, a           | ny safe de <sub>l</sub> | posit box or other deposi                                     | tory for securities,                          |  |
|       | No  |  |                         |                         |   |   |  |
|       | Yes. Fill in the details.   |  |                         |                         |   |   |  |
|       | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                         | Describe                | the contents  | Do you still have it?                         |  |
| 22.   | Have you stored property in a storage unit or   | place other than your  | home within 1           | vear befo               | re vou filed for bankruptc                                    | v?  |  |
|       | _   | p.u.o. c   |                         | , ca. 20.0.             |   | , .   |  |
|       | ■ No □ Yes. Fill in the details.  |  |                         |                         |   |   |  |
|       | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                         | Describe                | the contents  | Do you still have it?                         |  |
| Par   | rt 9: Identify Property You Hold or Control fo  | or Someone Fise  |                         |                         |   |   |  |
| 23.   | Do you hold or control any property that some   |  | ude any propei          | ty you bor              | rowed from, are storing fo                                    | or, or hold in trust                          |  |
|       | for someone.  |  |                         |                         |   |   |  |
|       | No  |  |                         |                         |   |   |  |
|       | Yes. Fill in the details.   |  |                         |                         |   |   |  |
|       | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                         | Describe                | the property  | Value   |  |
| Par   | rt 10: Give Details About Environmental Infor   | mation   |                         |                         |   |   |  |
| For 1 | the purpose of Part 10, the following definition  | ns apply:  |                         |                         |   |   |  |
|       | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s  | air, land, soil, surface   | e water, ground         |                         |   |   |  |
|       | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  | as defined under any o   |                         | law, wheth              | er you now own, operate                                       | , or utilize it or used                       |  |
|       | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o  |  | as a hazardous          | s waste, ha             | zardous substance, toxic                                      | substance,                                    |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Lisa Hawthorne

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |   |   |                    |  |
|-----|---|---|---|--------------------|--|
|     | ■ No □ Yes. Fill in the details.  |   |   |                    |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it                             | Date of notice     |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |   |                    |  |
|     | ■ No □ Yes. Fill in the details.  |   |   |                    |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it                             | Date of notice     |  |
| 26. | Have you been a party in any judicial or adminis  | strative proceeding under any envi                                      | onmental law? Include settlements a                           | and orders.        |  |
|     | ■ No □ Yes. Fill in the details.  |   |   |                    |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case  | Status of the case |  |
| Par | t 11: Give Details About Your Business or Con   | nections to Any Business  |   |                    |  |
| 27. | Within 4 years before you filed for bankruptcy, d   | did you own a business or have an                                       | y of the following connections to any                         | business?          |  |
|     | ☐ A sole proprietor or self-employed in a to  | rade, profession, or other activity,                                    | either full-time or part-time                                 |                    |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnershi                                   | p (LLP)   |                    |  |
|     | ☐ A partner in a partnership  |   |   |                    |  |
|     | ☐ An officer, director, or managing executi   | ive of a corporation  |   |                    |  |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation                                      |   |                    |  |
|     | ■ No. None of the above applies. Go to Part 1   | 12.   |   |                    |  |
|     | ☐ Yes. Check all that apply above and fill in the   | he details below for each business                                      |   |                    |  |
|     | Business Name Des<br>Address  | scribe the nature of the business                                       | Employer Identification number Do not include Social Security |                    |  |
|     | 110000  | me of accountant or bookkeeper  | Dates business existed  |                    |  |
| 28. | Within 2 years before you filed for bankruptcy, dinstitutions, creditors, or other parties.   | did you give a financial statement t                                    |   | ıde all financial  |  |
|     | ■ No  |   |   |                    |  |
|     | ☐ Yes. Fill in the details below.   |   |   |                    |  |
|     | Name Address (Number, Street, City, State and ZIP Code)   | te Issued   |   |                    |  |

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Debtor 1 Lisa Hawthorne Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lisa Hawthorne Lisa Hawthorne Signature of Debtor 2 Signature of Debtor 1 Date Date March 19, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |  |
|------------|----|--------------------|--|
| \$245      | 5  | filing fee         |  |
| \$75       | 5  | administrative fee |  |
| + \$1      | 5_ | trustee surcharge  |  |
| \$335      | 5  | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$115.00 toward the flat fee, leaving a balance due of \$3,885.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>March 19, 2018</u>               |                            |  |
|---|----------------------------|--|
| Signed:                                   |                            |  |
| /s/ Lisa Hawthorne                        | /s/ David Gallagher        |  |
| Lisa Hawthorne                            | David Gallagher            |  |
|   | Attorney for the Debtor(s) |  |
|   | _                          |  |
| Debtor(s)                                 |                            |  |
| Do not sign this agreement if the amounts | are blank.                 |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Lisa Hawthorne   |  | Case No.                                       |   |     |
|-------|--|--|--|---|-----|
|       |  | Debtor(s)  | Chapter  | 13  |     |
|       | DISCLOSURE OF COMPENSA   | ATION OF ATTO                                      | DRNEY FOR D                                    | EBTOR(S)  |     |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or  | the petition in bankrupto                          | cy, or agreed to be paid                       | l to me, for services rendered or               | to  |
|       | For legal services, I have agreed to accept  |  | \$   | 4,000.00  |     |
|       | Prior to the filing of this statement I have received  |  |  | 115.00  |     |
|       | Balance Due  |  | \$   | 3,885.00  |     |
| 2.    | \$_310.00 of the filing fee has been paid.   |  |  |   |     |
| 3.    | The source of the compensation paid to me was:   |  |  |   |     |
|       | ✓ Debtor   |  |  |   |     |
| 4.    | The source of compensation to be paid to me is:  |  |  |   |     |
|       | Debtor Other (specify):  |  |  |   |     |
| 5.    | ✓ I have not agreed to share the above-disclosed compensa  | tion with any other perso                          | on unless they are men                         | nbers and associates of my law fi               | rm. |
|       | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of  | with a person or person of the people sharing in t | s who are not member<br>he compensation is att | s or associates of my law firm. <i>A</i> ached. | 1   |
| 6.    | In return for the above-disclosed fee, I have agreed to render   | legal service for all aspe                         | ects of the bankruptcy                         | case, including:                                |     |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendering</li> <li>b. Preparation and filing of any petition, schedules, statemer</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> </ul> | nt of affairs and plan whi                         | ich may be required;                           |   |     |
| 7.    | By agreement with the debtor(s), the above-disclosed fee doe   | es not include the follow                          | ing service:                                   |   |     |
|       | C  | ERTIFICATION                                       |  |   |     |
|       | I certify that the foregoing is a complete statement of any agreenkruptcy proceeding.  | reement or arrangement                             | for payment to me for                          | representation of the debtor(s) in              |     |
|       | March 19, 2018   | /s/ David Gallag                                   | aher   |   |     |
| _     | Date   | David Gallaghe                                     | er   |   |     |
|       |  | Signature of Attor Upright Law LL                  |  |   |     |
|       |  | 79 West Monro                                      |  |   |     |
|       |  | Fifith Floor                                       |  |   |     |
|       |  | Chicago, IL 606                                    | 503<br>Fax: 844-402-1128                       |   |     |
|       |  | dgallagher@up                                      |  |   |     |
|       |  | Name of law firm                                   |  |   |     |

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

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The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
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- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
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- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
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- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
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- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$115.00 toward the flat fee, leaving a balance due of \$3,885.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 3-19-18 Signed: Lisa Hawthorne | Dayid Gallagher            |  |
|--------------------------------------|----------------------------|--|
|                                      |                            |  |
|                                      | Attorney for the Debtor(s) |  |
|                                      |                            |  |
| Debtor(s)                            |                            |  |

Do not sign this agreement if the amounts are blank.

**Local Bankruptcy Form 23c** 

# **United States Bankruptcy Court**Northern District of Illinois

|       |   | 1 (of the H District of Immors                        |                     |                          |
|-------|---|---|---------------------|--------------------------|
| In re | Lisa Hawthorne                            |   | Case No.            |                          |
|       |   | Debtor(s)   | Chapter             | 13                       |
|       | V   | ERIFICATION OF CREDITOR M                             | <b>IATRIX</b>       |                          |
|       |   | Number of   | Creditors:          | 25                       |
|       | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of credi             | tors is true and co | orrect to the best of my |
| Date: | March 19, 2018                            | /s/ Lisa Hawthorne Lisa Hawthorne Signature of Debtor |                     |                          |

Am Std Asst 100 Cambridge St., Suite 1600 Boston, MA 02114

Am Std Asst 100 Cambridge St., Suite 1600 Boston, MA 02114

ARS/Account Resolution Specialist Po Box 459079 Sunrise, FL 33345

ARS/Account Resolution Specialist Po Box 459079 Sunrise, FL 33345

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cavalry Portfolio Services Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank/Shell Oil Citicorp Srvs/ Centralized Bankruptcy Po Box 790040 St Louis, MO 63179

Diversified Consultants, Inc. Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255 Educator's Credit Union PO Box 081040 Racine, WI 53408

Exeter Finance Corp Po Box 166008 Irving, TX 75016

Fingerhut
Bankruptcy Dept
6250 Ridgewood Rd
Saint Cloud, MN 56303

Franciscan 20201 South Crawford Ave Olympia Fields, IL 60461

Franciscan Alliance 28044 Network Place Chicago, IL 60673

Komyatte & Casbon, PC Attn: Collections Department 9650 Gordon Drive Highland, IN 46322

Landmark Credit Union P.O. Box 510910 New Berlin, WI 53151

LJ Ross Associates 4 Universal Way Po Box 6099 Jackson, MI 49204

Nelnet Loans Attn: Claims Po Box 82505 Lincoln, NE 68501

Northwestern Medical Group 251 E. Huron St. Chicago, IL 60611 Northwestern Medicine 28155 Network Place Chicago, IL 60673

Regional Acceptance Co Attn: Bankruptcy 1424 E Firetower Rd Greenville, NC 27858

Us Dept Of Ed/Great Lakes Higher Educati Attn: Bankruptcy 2401 International Lane Madison, WI 53704

Usa Funds/sallie Mae Servicing Cbe Group Po Box 900 Waterloo, IA 50704

WE Energies Attn: Bankruptcy Po Box 2046 Rm A130 Milwaukee, WI 53201